

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013627

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3327

STATE FILE NUMBER

FILED MAR 28 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
16 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis Children's(Inside Limits)
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
4607 LouisianaReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
GARY JOSEPH J. MULICH4. DATE OF DEATH
Month Day Year
3 21 63

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-4-63

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
17 Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Mulich

13b. MOTHER'S MAIDEN NAME

Mary Kaiping

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Ritter 500 S Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Retroperitoneal Malignant Hemangioma

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

158x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Gastric Ulcer

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-5-63 to 3-21-63 and last saw her alive on 3-21-63

Death occurred at 9:04 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward T. Barker MD

22b. ADDRESS

500 S. Kingshighway

22c. DATE SIGNED

3/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

3-25-63

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gabken-Benz Mortuary

2842 Meramec St.

25. DATE RECD. BY LOCAL REG.

MAR 22 1963

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address

7842 Meramec St
St Louis 18 Mo

No Embalming

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.